

Right time, right place?

An evaluation of the
Individual Budget approach
to tackling rough sleeping in
Wales

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This report is based on research undertaken by the study team and the analysis and comments thereafter do not necessarily reflect the views and opinions of the research commissioners, or any participating stakeholders and agencies. The authors take responsibility for any inaccuracies or omissions in the report.

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Images by Ciara Leeming for more see <http://www.ciaraleeming.co.uk/>

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Executive Summary

Background

In 2011 the Welsh Local Authority Homelessness Network sought to explore new and innovative solutions to tackling long-term homelessness. The Network worked with a number of local authorities to help fund fresh approaches to working with entrenched rough sleepers. Five pilot areas were provided funding:

1. Cardiff
2. Newport
3. Swansea
4. Bridgend
5. Ynys Mon & Gwynedd

It was intended that the work in these areas would focus on the most difficult to house individuals by working with existing support services which would have access to an Individual Budget (IB) approach to help people into sustainable accommodation.

Each area was encouraged to develop their pilots in ways which suited their client group, the existing services and the context of the area. Areas had funding of around £20,000 which would be provided as budgets for individual rough sleepers. Additional funds were available to cover limited management or staffing costs. It was envisaged that each pilot area would work with ten clients who would have access to an individual budget of £2,000.

This study was commissioned by the Welsh Local Authority Homelessness Network in partnership with the Welsh Assembly Government to evaluate these pilots.

Approach to the evaluation

The evaluation for the pilots was undertaken by bringing together a range of information, both secondary and primary, and sharing these emerging findings with practitioners within learning and sharing workshops over the course of the evaluation. The pilot projects started in autumn of 2011 with the evaluation commencing shortly after. The pilots ran

until the end of March 2013. There were three aspects to the methodology:

- The collation and review of available information.
- Qualitative interviews with a total of 18 service providers over three separate time periods of the pilots (beginning, middle and end).
- Qualitative interviews with a total of 17 recipients of the Individual Budgets at the outset of the pilots. 11 of these were re-interviewed at the end of the pilots to determine progress and impacts experienced.

Key findings

- Overall, of the 79 individual budget recipients involved in the pilots, a total of at least 33 (42 per cent) were in a position of having achieved relatively stable accommodation at the conclusion of the pilot. Of the remainder, a large number were accommodated in some form of temporary accommodation.
- A variety of non-accommodation related successes were also identified. Such successes included: a reduction in alcohol and substance mis-use, increased self-esteem and self-confidence, an increase in trust and engagement with support services, more appropriate engagement with health and support services.
- The pilots appear to demonstrate value for money. Although it was initially envisaged that around £80,000 would be spent, the actual spend was less than half at £34,317.96. It was also anticipated that this would be spent on around 50 individuals when in practice 79 people were affiliated with the pilot. Average expenditure per IB recipient across all pilot areas was £434.40. Furthermore, workers cited potential significant savings to the public purse as a result of reduced levels of criminality and reactive health care.

- All areas saw value in the IB approach and there was a strong desire to replicate the approach within each area. Replication and expansion however was considered challenging without additional funding.
- The impact of the pilot on the lives of individuals can be conceptualised on a spectrum of outcomes. These include the following outcomes:
 - Massive and dramatic change for a small cohort (e.g. from rough sleeping to living independently).
 - Gradual and sustained change (e.g. more engagement and sustained change).
 - Speed bumps (e.g. stints in prison, relapse at drinking but still engaged and making progress).
 - Slight change (e.g. reduction in drinking and communicating more with staff).
 - 'Supported' status quo (e.g. attention on safeguarding).
 - No change (e.g. continuation of drinking, re-offending).
- There was a general lack of awareness from IB recipients as to presence of the programme, the budget and the size of the resource they have recourse to. As such, this individual budget approach excludes many of the key factors intrinsic within the personalisation concept. Although this did not appear to present many practical challenges to the delivery of the pilots, it is not known how far the 'critical factors' of choice, control and power were mobilised within these pilots.
- Effective and comprehensive planning of IB is fundamental to the success of the approach. In particular, a number of key elements in the planning and coordination of IB were seen as central in order for the approach to be effective. These are:
 - The development of effective and meaningful partnership arrangements between organisations.
 - Excellent communication between organisations and workers.
 - Appropriate and flexible workload allocations for workers who will be required to undertake the IB work.
 - Minimal bureaucratic procedures which will allow for immediate access to IB funds and/or quick reimbursement of expenditure.
- Reasons given for expenditure on the pilots were diverse. The purchase of items can help to develop and maintain trust between client and worker, they can help individuals release structural barriers (e.g. housing debt, bonds etc.), they can help people gain access to practical things (e.g. cycle, phone, clothes etc.) and they can help support psychological release (e.g. family reunification, horse riding, fishing etc.). These purposes are equally valid and can often be used with the same person incrementally.
- The process of expenditure is as important as the item being purchased. This process helps shape trust between the worker/organisation and individual, and helps exercise the ability of people to self-direct their own lives.
- Although the focus of the pilot was the availability of funds to enable flexible purchasing of items, this cannot be separated from the role of the support worker in their care of IB recipients. The budget and support work role appears symbiotic in the delivery of IB and the reduction in the allowance of one may impact on the effectiveness of the other.
- The IB approach places significant demands upon the skills and professionalism of staff. Workers require patience, creativity and capacity in order to remain in contact with individuals in spite of speed bumps and crisis.

- A large part of the successes of these pilots is down to the ability of support workers to balance responsiveness with proactive working. It is not clear how much of the success is due to the selection of the support workers chosen to work on the pilot. However, the selection of the support worker is crucial. It was seen that those workers most entrenched in their current practice and who are less open to innovating in their work would not necessarily have the same level of positive outcomes seen by other workers.
- 'Readiness' is a crucial factor in the ability of IB to achieve maximum benefits to individuals. Individuals who have arrived at a point in their lives where they are able and/or willing to progress and co-develop solutions appear to experience the maximum benefits of the approach. IB offers benefits for many people who can be supported through difficult periods in their lives, however, not all people will be ready to change their lives.
- A user-guide outlining how potential models for IB could work should be produced and made available to local authorities and organisations across Wales.
- IB recipients affiliated to the pilot should be re-consulted 12 months after the pilots completed (i.e. in or after April 2014) in order to determine their long-term successes.

Recommendations

Several recommendations are made based on the findings. To summarise these include:

- All local authority areas, together with partners, should consider how they could implement this approach as part of their services.
- IB should be carefully planned and the aims and objectives effectively communicated to partners throughout its delivery.
- Ensuring staff have the capacity to deliver the approach is just as important as ensuring the Individual Budget has been funded.
- Commissioners should conduct a cost-benefit analysis of IB.
- Available funding from commissioners, such as Supporting People, should be supported by funding from other areas (police, health and public health) where there are clear benefits of IB to those sectors.



1. Introduction

The personalisation agenda aimed at reshaping social care policy has been gaining momentum in the United Kingdom (UK) since 2005. Early policy innovations in this arena included Improving the Life Chances of Disabled People (Cabinet Office, 2005), Opportunity Age (DWP, 2005) and Independence, Well-Being and Choice (DoH, 2005).

Policy background

The driving principle behind personalisation is putting 'the person who needs support in control' of the services they receive (In Control, 2009). The essence of the personalisation approach was embedded in government policy upon the publication of Putting people first: a shared vision and commitment to the transformation of adult social care (DoH, 2007) marking a significant reform in social care policy. Although developed under the previous Labour government, the principles of the personalisation movement remain within the work of Coalition government policy.

Its aim is to replace paternalistic, reactive care with high quality, personally tailored services; its philosophy is to give clients maximum choice, control, and power over the support services they receive and increasingly shape and commission their own services. Personal budgets are considered a key practice in ensuring that people receiving public funding use available resources to choose their own support services.

In the homelessness sector, a commitment to personalisation was asserted in the Department for Communities and Local Government's (DCLG) rough sleeping strategy document 'No One Left Out: Communities Ending Rough Sleeping' in 2008. Within this, a range of measures were introduced including a commitment to pilot personalised support to long term rough sleepers (Hough and Rice 2010). The DCLG subsequently funded four national pilots in London, Nottingham, Northampton, and Exeter and North Devon.

Findings from personalisation pilots in England

Individualised budgets, or personalised support as it is also known, are designed to put the person who needs support in control of the services they receive (In Control 2009) and this means altering some well-established processes. In social care, there are three elements of personalisation: a needs assessment; resource allocation to determine their entitlement; and the development of a support plan. The pilot projects for homeless individuals receiving personalised support, however, were not bound to this method: in the London pilot for instance, formal needs assessment and resource allocation were removed and replaced by an obligation to appoint a broker and a commitment to spend their budget on things which would help them move into and retain accommodation (Hough and Rice 2010).

The London pilot scheme aimed to test personalised budgets as a new way of working and showed that it can contribute to moving entrenched rough sleepers away from the streets. The target recipients of this pilot service were 15 individuals who were perceived as very resistant to moving off the streets and for whom standard services did not work. The project intended to find out if this group of people, who had been sleeping rough for between four and 45 years, would move off the streets, stay off the streets, and make positive changes to their lives. Thirteen people out of the 15 that were offered a personalised budget accepted it. They created an action plan with the project coordinator outlining what they would spend the budget on and how it would help them find and keep their accommodation (though they were not told what the maximum budget was). Clients bought

things like bed and breakfast accommodation (if they preferred not to stay in hostels), pieces of furniture, a television, mobile phone, clothes, passport, a hearing aid, courses, and travel costs. Purchases had to be approved by a commissioner but administration was kept to a minimum and decisions usually made within a day. Though professionals expected clients to spend the money without making any commitment to finding accommodation, the opposite actually happened: clients found it hard to identify what they should spend the money on, spent little, and were reluctant to buy more expensive items.

The outcomes of the pilot were that seven people remained in accommodation four to 11 months after moving in. Two more were planning to go into accommodation but the remaining four had disengaged from the pilot scheme. For those that maintained their accommodation, there were additional benefits such as new welfare benefits claims, improvements in mental and physical health, engagement with substance misuse services, reduced alcohol use, and several are making plans away from the streets, re-engaging with family members, and are developing independent living skills such as cooking and budgeting. The authors of the London pilot evaluation concluded that it was the personalised support that was offered to the clients that was just as important as the personalised budgets. The choice and control that the budgets offered, combined with intensive work from a single trusted worker, were seen as critical to the success of the pilot (Hough and Rice 2010).

There have been three other personalised budget pilot schemes in the UK which have taken place in Exeter and North Devon, Northampton, and Nottingham. However, these schemes have not received detailed evaluations similar to the London pilot and therefore little is known about how they conducted the pilots and what the outcomes were. Nevertheless, the schemes do seem to have been successful in moving people away from rough sleeping and into accommodation. In Exeter, ten rough sleepers participated and eight of these were re-housed into short-term accommodation and resettlement

(Homeless Link 2012a). In North Devon, four rough sleepers were resettled into suitable long-term homes and engaging with appropriate support networks. In contrast to the approach in London, the Northampton pilot informed clients of the amount of money available to them as long as they met agreed action plan priorities (Homeless Link 2012b). They also varied the amount that clients received depending on the length of time they spent on the street ranging from £1,000 (up to four weeks on the street) to £3,000 (long term complex needs). However, without a published evaluation of the scheme it is unknown how successful this pilot was.

Finally, in Nottingham, they appointed a dedicated rough sleepers' personalisation officer to find suitable, long-term housing options for the hardest-to-reach rough sleepers (Homeless Link 2012c). The officer was allowed to spend as much time with clients as they needed. In this pilot though, they did not inform the clients of the money available to them, or even that they were part of a pilot scheme; instead, the worker accessed the money when it became necessary or when it was needed to offer a solution to a problem. Seven people were involved in the Nottingham pilot and all moved into accommodation.

The IB pilot in Wales

In 2011 the Welsh Local Authority Homelessness Network sought to explore new and innovative solutions to tackling long-term homelessness. The Network worked with a number of local authorities to help fund fresh approaches to working with entrenched rough sleepers. Five pilot areas were provided funding:

1. Cardiff
2. Newport
3. Swansea
4. Bridgend
5. Ynys Mon & Gwynedd

It was intended that the work in these areas would focus on the most difficult to house individuals by working with existing support services which would have access to an Individual Budget (IB) approach to help people into sustainable accommodation.

Each area was encouraged to develop their pilots in ways which suited their client group, the existing services and the context of the area. Areas had a budget of around £20,000 which would be provided as budgets for individual rough sleepers. Additional funds were available to cover limited management or staffing costs. It was envisaged that each pilot area would work with ten clients who would have access to an individual budget of £2,000.

Overview of each pilot area

Cardiff

Managed by the City Council and linked with a wide range of agencies across the City including: Primary Health Care Services, Community Alcohol and Drug Team, Mental Health Services; Police; City Centre Social Work Team, Cardiff Council's Advice & Support, Lettings and Housing Benefit Services; and frontline hostel and advocacy services such as Huggard, Wallich and YMCA. In particular, close working relationships were established with Cardiff Council's HANR Outreach Team, the Salvation Army Bus Project and Wallich Rough Sleepers Intervention Team. Support was mainly provided by a dedicated single outreach worker who would work with clients to establish support plans and allow access to the budget to address the needs identified. Most clients were known to the support worker, or wider team, and were selected on the basis of their level of entrenchment in rough sleeping and/or complexity of needs. A total of 28 clients were affiliated to the pilot scheme. All but two clients had previously been rough sleeping, the remaining two were previously in supported housing having been placed there by the Rough Sleepers Team.

Newport

This pilot was managed by Newport Council which formed a partnership with three main agencies: Solas, Big Issue Cymru and The Wallich. Clients were to be identified by workers for inclusion in the pilot. Support was to be delivered by the partner agencies within existing staff workloads. A total of seven clients were affiliated to the pilot scheme. Four of these clients were rough sleeping prior to the pilot commencing with the remaining four in hostel accommodation.

Swansea

Managed by Swansea City Council and delivered in partnership with a wide range of agencies across the city including: South Wales Police, The Wallich, Caer Las Cymru, Cyrenians Cymru, Big Issue Cymru, City Centre Team and Swansea Hope (a partnership of local churches). Support was provided by workers within a number of these agencies. The clients were selected by workers for inclusion in the pilot based on the length and time they had been homeless and the complexity of needs exhibited. A total of 22 clients were attached to the pilot. Eighteen of these clients were described as rough sleepers, two others as chronic street drinkers and a further two as 'extremely difficult to engage'.

Bridgend

Managed by Bridgend Council and delivered in partnership with The Wallich (a homeless charity), support was provided by workers from the Wallich within existing services provided. Access to the budget was made possible in line with individual care plans. Clients were known to workers and selected based on the length of time they had been homeless and complexity of needs. A total of six clients were affiliated to the pilot. Their situations prior to engaging with the pilot tended to be rough sleeping (four cases), prison leaver (one case) and housed with support (one case).



Ynys Mon & Gwynedd

This pilot was managed by North Wales Housing and was based primarily in and around Bangor and Holyhead. A number of organisations were involved, in various ways, in the delivery of the project including: Gwynedd and Ynys Mon Councils, Digartref Ynys Mon, Nacro, Gwynedd Council Supporting People, Police, Probation, Cais, Betsi Cadwallader Health Trust, Community Mental Health Team and the Drug Intervention Programme (Arch Initiatives). A small voluntary and community sector organisation (The Lighthouse) manages the Holyhead arm of the pilot and reports to North Wales Housing. Support was provided by workers within existing services. Access to the budget was made possible in line with individual care plans. Over the course of the pilot a total of 16 clients were affiliated to the project. Selected clients tended to be previously known to workers and selected based on the length of time they had been homeless and complexity of needs.

The Evaluation

The overall aim of the evaluation was to evaluate the successes and failures of these five pilot projects and to develop an understanding of why and where things worked well or were unsuccessful.



2. Methodology

The evaluation for the pilots was undertaken by bringing together a range of information, both secondary and primary, and sharing these emerging findings with practitioners within learning and sharing workshops over the course of the evaluation. The pilot projects started in autumn of 2011 with the evaluation commencing shortly after. The pilots ran until the end of March 2013.

Research Activities

Collation and review of existing information

A review of available documentation relating to the pilot projects was undertaken. This, at the outset, included compiling the bid documents and relevant material from each area for the pilot in order to better understand the particular aims and objectives. Specifically, an understanding as to the indicators of 'achievement' and the sources of information used to assess a client's progress was sought. The review of documentation continued over the duration of the evaluation in order to better understand the working arrangements for each pilot area, the administration processes and the expenditure on the individual budgets.

Qualitative interviews with key service providers

A number of key service providers were involved in a series of semi-structured interviews over the course of the pilots. We carried out interviews with both the managers/coordinators of the pilot in each area (five people) and a selection of the key/support workers in each pilot area (a total of 13 key/support workers); a total of 18 service providers.

Interviews with service providers were planned at three separate intervals of the pilot: commencement, mid-term (around nine months), and the end of the pilots. Interviews were conducted either via the telephone or face-to-face. Not all service providers were able to contribute to the evaluation at each stage, due to absence or other commitments, but the majority did. In total there were 41 consultations with

service providers over the period of the evaluation. These interviews were guided by a number of topics including:

- The practicalities of delivering the pilot.
- How clients were recruited and their support arrangements.
- The difficulties and challenges of delivering the projects.
- Perceptions of support gaps.
- Emerging good practice and identified successes.
- Views on the sustainability of the pilots.
- How consistent the pilots have been with prior expectations.
- What added value has occurred (if any).
- How resource effective have the pilots been.

The question guide used for the study can be found in Appendix 1.

Qualitative interviews with people with individual budgets

A total of 17 people in receipt of individual budgets were interviewed for the evaluation. The researcher worked with key/support workers to identify respondents for the study. A number of potential respondents had varying degrees of vulnerabilities and people were not approached to take part in interviews if it was deemed that their participation may cause them unnecessary distress. Attempts were made to interview people twice over the course of the pilot: at

or near their initial engagement and finally at or near the end of the pilot. However, not all clients were able to take part in both consultations. Eleven respondents took part in both initial and final interviews with the remaining six respondents only able to take part in the initial interviews. The reason for attrition from the sample included: not turning up for appointments, being in prison, being incapacitated through alcohol misuse. A total of 28 separate interviews were carried out with clients over the course of the evaluation.

All interviews were carried out face-to-face in places where respondents felt most comfortable. This differed from person to person but included: on the street, in hostels, in supported accommodation, in support organisations and in community centres. Interviews were semi-structured and designed in order to explore people's views and experiences of their involvement in the pilot in depth. The question guide used in the interviews can be found in Appendix 1 but these were generally guided by focussing on three broad themes:

- Their experiences of the process of support (positive and negative).
- Their reflections on their own progression since commencing the pilot.
- Their views on perceived gaps/shortcomings/benefits in support.

All interviews were audio recorded with the consent of the clients and were given pseudonyms to protect their anonymity. Respondents were provided with a £10 shopping voucher to compensate for taking the time to contribute to the project. This voucher was provided at the end of each interview.

Analysis

The interviews were transcribed verbatim and imported into the qualitative data package QSR NVivo software. Framework Matrix analysis was used in order to code the data and analyse this thematically. Analysis was carried out by two team members which allowed for themes to be expanded and refined as necessary. Early analysis was presented to the learning and sharing workshops with practitioners at two separate stages of the evaluation.

3. Outcomes and impact

The aim of the pilot programme was to find new solutions to ensuring the hardest to engage rough sleepers could be facilitated to live in independent accommodation. At the outset of the pilot workers tended to report 'realistic' expectations about the impact that they would achieve.

In all cases having a successful pilot meant showing progress toward more settled accommodation as opposed to having necessarily arrived at, in a stable housing situation. For example:

Working toward a more settled way of life, clients making some progress toward independence but not necessarily viewing permanent accommodation as the only important outcome.
(Newport Coordinator)

Maintaining contact with clients for at least three months as well as having observed positive changes in their outlook and engaging with relevant services. **(Cardiff Coordinator)**

We are measuring success on a case by case basis as well. Not everybody's success is going to be measured by whether they sustain housing.
(Swansea Coordinator)

Circumstances prior to the pilot

The target client groups for the pilot were those people who had experienced long-term homelessness, often rough sleeping, and/or were particularly difficult to engage with services. The vast majority of those people involved in the pilot had been rough sleeping immediately prior to being attached to the pilot. A number of coordinators and support workers described the 'model' IB recipient as someone for whom all other attempts at helping people secure stable accommodation had failed. For example:

Our group of partners meets once a month and we discuss likely candidates. As well as targeting rough sleepers, we also want to include people who are in the hostel but may be at risk of returning to rough sleeping.
(Newport Coordinator)

The rough sleepers' task group meets regularly and this is where we discuss among ourselves who we think is an appropriate client.
(Swansea Coordinator)

We collaborated with The Wallich on who to identify. Who is using A & E? Who is costly to the Police and health? Who are the local authority finding it difficult to house?
(Bridgend Coordinator)

Those people who were selected for the pilot had very often spent periods in prison, were very heavy alcohol drinkers and significant substance mis-users. Most people were well known to many agencies within the areas in which the pilot was based. Those selected were often characterised as having explored every other option for financial and housing support. As one support worker in North Wales recounts:

We sort of go for the people that really would not have a chance without the IB. I could have given it to a lot more people, I think. We chose the people that really would not get anywhere else. They have exhausted all their other avenues, if you like.
(North Wales support worker)

The people involved in the interviews for the evaluation certainly reflected this background. For example, from the interviews with IB recipients, Bob talked about how he spent two years living in a tunnel, Carl talked about trying to live in a local park and Harry talked about how he tried to find places where he could sleep in a particular area:

Interviewer: How long have you been sleeping rough in this sort of area then?

Harry: I've been here for three and a half years.

Interviewer: Okay. Do you have particular places where you go? Is this one of your main places?

Harry: Yes. Some people find me suspicious, because of the way I look. They get the police or they board up the places I sleep in, garages, shed, everything gets boarded up. They are pushing me to sleep outside.

Interviewer: Do you find yourself doing that quite a lot then?

Harry: Yes.

Interviewer: Last night, were you sleeping outside last night?

Harry: I slept in a shed. I slept on the outside at the church house.

Reasons for being homeless

A large number of the people interviewed had – at times in their lives – held full employment across a range of sectors. For example the sample includes an ex-police officer, a personal trainer, an engineer, a builder etc. Other interviewees were much younger and who had not yet had time to engage in employment. The reasons why people were homeless in the first place were varied. Family breakdown via divorce was cited as well as being subject to violence from an ex-partner. Similarly, a breakdown in their relationship with family – where they had been 'kicked out' – was also cited on a number of occasions. People were often using alcohol and substances but it was not always clear whether this had occurred before or after their initial homelessness.

Don: I was living a crazy life before I was on the streets. It's hard to explain, really. I was all over the place. Staying in my ex-partner's Gran's house. She would sneak me in. I'd stay with my dad sometimes. He didn't get on with my misses... We'd [Don and his ex-partner] get a B&B and we wouldn't pay the service charge on the B&B out of our dole, because we needed heroin and crack and alcohol. We would get chucked out of there.

Whatever their reasons for becoming homeless in the first place, such reasons were usually inextricably linked to the strategies support workers were adopting in order to help people access accommodation and stabilise their lives.

Expenditure on the pilot

Each pilot area had around £20,000 to spend to facilitate the individual budgets in their area. In every area there was significant under spend (see Table 3.1 below).

- In **Bridgend**, across six clients the total expenditure was £2709.29 - an average of £451.55 per person. The variation in spend per client is significant ranging from £56.29 (covering clothes, mobile phone and a book) to £1,448.45 (covering accommodation costs, a bicycle, bus passes and other expenditure).
- In **Cardiff**, from a total of 28 clients the total expenditure was £6,359.29 - an average of £227.12 per person. This hides considerable variation with the minimum spend being £6.27, for the provision of food, to £860.37 for the provision of accommodation and resettlement costs.
- In **Newport** a total of seven clients were engaged in the pilot. The total expenditure was the lowest of the areas at £938 with an average of £134 per client. The average expenditure hides a range from making no expenditure on a client to £390 per client.

- In **Swansea** a total of 22 clients were attached to the pilot with the total expenditure estimated to be £16,717.61. This was the largest average expenditure at £759.89 but again this hides significant variance. In some cases no expenditure was made for people (in eight cases) with the largest expenditure being £3,341 for a single client.
- Across **Ynys Mon & Gwynedd** a total of 16 clients were engaged in the pilot. The total expenditure is estimated to have been £7,717.77 - an average of £482.36 per client. There is significant variation between expenditure per client with the least spent being £45.24 and the maximum being £1,387.29.

Table 3.1: Expenditure across the pilot areas

Pilot area	No. of clients	Total spend	Average spend (per client)	Minimum spend	Maximum spend
Bridgend	6	£2,709.29	£451.55	£56.29	£1,448.45
Cardiff	28	£6,359.29	£227.12	£6.27	£860.37
Newport	7	£938	£134	£0	£390
Swansea	22	£16,717.61	£759.89	£0	£3,341
Ynys Mon & Gwynedd	16	£7,717.77	£482.36	£45.24	£1,387.29

Although it was initially envisaged that around £80,000 would be spent (Swansea and Bridgend was initially a joint pilot) the actual spend was less than half at £34,317.96. It was also anticipated that this would be spent on around 50 individuals when in practice 79 people were affiliated with the pilot. Average expenditure per IB recipient across all pilot areas was £434.40.

Achievement of stable accommodation

The number of clients who can be seen to be accommodated in some form of stable accommodation at the conclusion of the pilot is as follows:

■ Ynys Mon & Gwynedd	8 clients (50 per cent)
■ Bridgend	3 clients (50 per cent)
■ Swansea	9 clients (41 per cent)
■ Cardiff	11 clients (40 per cent)
■ Newport	2 clients (29 per cent)

Stable accommodation has been broadly interpreted to include situations such as: living in some form of low support accommodation, living with partner or supported by their family, living in own accommodation with no or little support etc. It excludes all forms of temporary accommodation such as B&Bs and hostels. Overall, of the 79 IB recipients involved in the pilots, a total of at least 33 (42 per cent) were in a position of having relatively stable accommodation at the conclusion of the pilot.

However, taking into consideration the individual context and characteristics of each IB recipient, it was not necessarily expected that stable accommodation would be achieved for everyone involved, within or outside of the pilot timescale. There were a variety of other accommodation circumstances which people were in at the conclusion of the pilots. In order of prevalence these included:

- Being accommodated in some form of crisis or recovery orientated accommodation (via Rough Sleeper Project, Cold Weather provision, emergency accommodation, detox accommodation etc.). This was the case in at least six cases in Cardiff and a small number of cases in other areas.
- At least nine people were rough sleeping (six in Cardiff, two in Swansea and one in Newport) or had no fixed abode (three in Ynys Mon & Gwynedd).

- Around eight people had left the pilot and their whereabouts was not known (three people in Cardiff, one in Newport and four in Swansea).
- Five people were in prison and a further client had been admitted to a psychiatric unit.
- One person was in an ex-offenders sheltered housing project.
- Tragically, one person died of an alcohol associated condition whilst on the pilot.

To summarise, around 40 per cent were in some form of broadly stable accommodation with a large proportion of the remainder in some form of temporary accommodation or accommodated within some sort of supportive environment. Others remained rough sleeping or had no fixed abode – around 12 people in total (15 per cent). Whilst others were in prison, recovering in a detox centre or accommodated within a secure unit as a result of mental health needs.

Importance of IB in achieving stable accommodation

Those clients who were aware of the IB (it should be noted that some clients were in the early stages of recovery from a range of issues) and had 'gone in' to settled stable accommodation often directly attributed this success to the IB approach. For instance:

Frankie: *I'd be dead now if I'd still been on the street.*

Interviewer: *Were you getting to the end of your tether?*

Frankie: *Yeah.*

Interviewer: *In what way?*

Frankie: *Just the lifestyle.*

Patti: *I can feel comfortable in my own home and I'm pleased. I'm not worried about how I'm going to get this sorted or that sorted.*

Broader outcomes for IB recipients

Where sustainable stable accommodation had not been achieved it may appear as though the individual budgeting approach might not have been successful. However, from consultations with staff and clients it was repeatedly stated that their accommodation status at the end of the pilot often hid a complexity of positive personal developmental experiences. In almost all circumstances – even where people were still rough sleeping – there were tangible improvements reported to their overall situation. Examples of individual successes included:

- The development of new and more positive social networks not defined by mutual drug and/or alcohol use.
- A reduction in levels of alcohol and substance intake which, for the individuals concerned, was often an enormous success given what tended to be described as their significant and relentless use prior to engaging in the pilot.
- Exercising an ability to save some of their income.
- More regular positive contact with family members and dependents.
- Cessation of sex work.
- Increase in ability to engage in personal care.
- Volunteering at hostels, as peer mentors and at local schools.
- Noticeable improvements in self-esteem and self-confidence when in social interactions. For example:
 - Louis:** *I hadn't got any confidence whatsoever. Work has helped me out with my confidence and stuff.*
 - Patti:** *I never thought new things would affect me as much as they have done.*
 - Gavin:** *It's made me more confident. I don't look like a tramp, feel more human.*
 - Malcolm:** *I am a lot forward now than I ever used to be. I'm a lot cheekier as well.*
- Increased use of prescribed medication for mental health conditions.
- Greater level of attendance at appointments, particularly those with GPs or at hospital, as opposed to missing appointments in the past.

Swansea undertook close internal monitoring of the impact the pilot was having in their area in terms of health outcomes. When comparing pre and post-IB pilot intervention periods their data indicates that:

- More out-patient appointments were attended by recipients at first booking than was previously the case.
- There had been a slight increase in overall Accident & Emergency admissions over the period.
- There was a reduction in the amount of overnight stays in hospitals.
- There had been more appropriate use of GP clinics – some used less whereas some used more – with usage in line with their actual needs.

The accommodation recipients were living in at the conclusion of the pilot only indicates part of the story. In some instances such people still required significant levels of support to maintain their accommodation:

The IB money has helped him to furnish the flat. Previous properties had never really been suitable as there was no money for furnishing. He is still there now. He's not yet making it to his appointments. He locks the door and tells workers to fuck off, but IB has helped as we would never have got him in there in the first place. Without it he probably would not have stayed. (Swansea support worker)

In other instances their 'end point' appeared to be a step back (e.g. spell in prison or eviction) but for whom enormous gains had been made in other areas including steps towards living independently, deepening trust in workers and reducing their reliance on alcohol or substances.

Occasionally 'progress' was described as 'hesitant' with people incurring setbacks (e.g. spells in prison, excessive alcohol use, eviction etc.) but in such cases it was common for people to be able to return to a recovery point much faster than they previously had. Similarly, a number of clients managed to continue progressing positively on the pilot regardless of complicating factors in their lives. For example, one client who had relapsed into heroin use spent non-IB money on appliances for his home as opposed to drugs. This was seen as a significant personal success for this person by his support worker. Another client with a long history of alcohol mis-use supported his girlfriend through rehab when she relapsed; actively contacting his support worker to help him purchase fishing tackle to help him occupy his time to help prevent a relapse himself.

Similarly, for many of the clients who had continued to sleep rough, support workers often recounted that the flexibility of the support worker role had allowed significant gains to be made in the development of trust between service areas and the client concerned even though their accommodation status was far from ideal.

I've got one guy who has been on a project since the beginning and I'm still no further now than I was back then but still it's just that constant just cropping up, you know, every couple of days just trying to be there and say, is there anything you need? Sometimes he will accept something and sometimes he will now talk to me about other difficulties that he's having... That for me has been the best thing about the project and when they do want something, it's having that ability to just get it sorted straight away. It's usually minor stuff. Shoes have fallen apart... it's up to us then to say well, let's go and get you some shoes and then it's that half an hour sat in the van going to the shop to buy the shoes that actually you get far more out of them and far more sort of constructive planning than you would if you were talking to them for half an hour. (Cardiff support worker)

In other instances clients engaged sporadically with workers or ceased to engage with the pilot at all, but prior to this had achieved significant progression towards moving away from long-term rough sleeping.

Negative outcomes

Although there was overwhelming positive support for the IB approach, attributed largely to its usefulness of developing person-centred solutions to problems, there was a strong message from workers, and clients themselves, that the IB approach would not be suitable for everybody. Indeed, there were a number of occasions where things had not gone as anticipated. Accommodation was damaged by the client, items were damaged or stolen by 'friends' and associates, items were sold presumably to buy substances. However, such eventualities appeared few and far between and in the majority of occasions the clients remain engaged in the pilot with the support of the support worker.

However, one support worker suggested that the scale of the personal challenge was sometimes too large to facilitate everyone being able to be moved into independent accommodation even with the flexibility provided by IB:

The one thing [name of client] has found was he can't manage tenancy on his own. I think that's been a learning curve for him that he's realised he can't manage on his own whereas before he was always saying, "if you put me in somewhere I will be fine. It's because I'm on the streets. If you give me my own place." Now he realises that even in his own place, he can't manage. He won't engage with any of the alcohol agencies. He keeps saying he will, but he won't, he won't go there.

(Swansea support worker)

A major finding from the evaluation seems to indicate that significant attention should be paid to getting the design of the programme correct before it is implemented. Experience from Newport suggests that if the programme is designed incorrectly it can fail individuals it is designed to help and exacerbate their circumstances. In one example, a lack of capacity within organisations to provide the accompanying support with the budget, led to the return of an IB recipient to sleeping rough:

In September there was one person who was already registered on it and that was when all the support fell through and he ended up back on the streets again. He is rough sleeping again now. But again, because it's sparse in resources, we haven't really been able to do much for him. He was in accommodation. We bought him clothes, because he wanted to go for interviews, etc and he wanted to do some voluntary work. We went out with him and bought him some clothes and a mobile phone as well so that he could ring the job centre and receive calls for his jobs that he was applying for, and also as a way for us to contact him as well. I think he had the phone about three months and then he sold it. He has a substance misuse problem. We see him maybe once or twice a week at the moment in the 'drop in' and sometimes when we are out in the morning. But again, we just kind of stopped anything at the moment, because we just haven't got the staff in.

(Newport support worker)

Furthermore, there were a minority of cases where clients had ceased to engage with the pilot and all communication was lost. Little is known about how the pilot affected their lives.

An overview of the outcomes and experiences whilst on the IB pilot from the sample

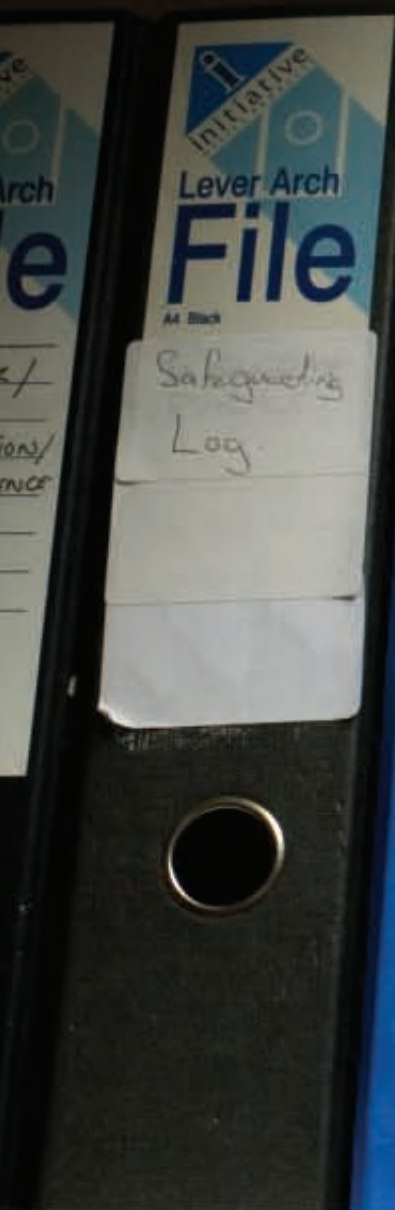
Drawing on the sample of people involved in the interviews as part of the evaluation, Table 3.2 provides an overview as to some of the key elements in the experience of people whilst affiliated to the IB pilots.

It was clear that the people who were receiving IB represented a spectrum of the client group on the pilots. A number of people such as Frankie, Harry and James were difficult to fully engage with at either stage of the interview process. Often people had already been drinking heavily, they had significant mental health problems which made it difficult to have a coherent discussion and/or they were unable to be interviewed as a result of the effects of drinking, their mental ill health or ability of the research team to locate them. In contrast, other people such as Don, Patti, Alistair and Louis were much more able to articulate their views on IB and the effects from any ill health or substances less debilitating for them. Other people such as Norman, Edward and Roger were able to fully articulate their views but had seemingly not really understood the IB pilot and their role within it.

Table 3.2: Overview of IB recipients' experiences of the pilots

Name (psudonym),	Circumstances pre-IB	Indicative items purchased (if known) not exhaustive	Key events during pilot (where known)	Accommodation situation at the end	Reflections on the pilot
Alistair	Homeless for two years including time in prison, on streets and hostels.	Housing costs, DVD player, clothes, rucksack, Bicycle.	Attending library for PC access, undertaking an internship with a housing association.	Living in independent accommodation.	Seen as helpful for getting access to accommodation. Has changed his social network since moving into accommodation.
Bob	Rough sleeping for two years. Been in prison, hostels and relatives homes.	Fishing tackle, Hoover, Kettle, Iron, TV and license.	Reduction in drinking and spending more time fishing.	Living in independent accommodation.	Considering looking for employment aims to reduce his drinking further.
Carl	Rough sleeping for four months after death of a parent.	Clothes and curtains.	Attending church and volunteering for a charity.	Living in hostel accommodation.	Happy in accommodation but doesn't feel he was really engaged in the pilot.
Don	Rough sleeping for over eight years and heavy substance mis-use.	Electric toothbrush, Toiletries, Underwear.	Assault on staff member and sent to prison	In prison.	Support worker suggests significant improvements in reducing substance mis-use despite violent incident.
Edward	Last seven years sleeping rough.	TV, Video player, Digibox, Coat.	Unknown	Living in supported accommodation.	Likes support worker but wishes to be living on streets rather than current supported accommodation.
Frankie	Homeless for 29 years.	Food, rent, home furnishings, kitchen items, DVD player.	Accessed drug use treatment centre.	Living in supported housing.	Feels help provided by IB has 'saved his life'.
Gavin	Homeless for 16 years incl. Rough sleeping, hostels and prison.	Mobile phone, shoes, haircut, clothes.	Accessed drug use treatment centre.	Living in hostel accommodation.	Feels more confident due to improvements in his appearance.
Harry	Homeless for 30 years - mostly spent rough sleeping.	Food, Clothes.	Unknown	Rough Sleeping	Unknown

Name (psudonym),	Circumstances pre-IB	Indicative items purchased (if known) not exhaustive	Key events during pilot (where known)	Accommodation situation at the end	Reflections on the pilot
James	Homeless for five years following a divorce and death of children.	Bus fares, clothes, rugs, Bed.	Relapses into heavily alcohol use.	Living in supported housing.	Unknown
Karen	Homeless for three years, spent time in hostels and prison.	Nothing at time of interview.	Relapses into heavily alcohol use.	Living in supported housing.	Unknown
Louis	Homeless for five years following family breakdown.	Bicycle, bus tickets, microwave, housing bond.	Volunteering at support centre, reunited with children.	Living in independent accommodation.	Thinks IB has helped turn his life around. Gave him confidence and opportunities.
Malcolm	Homeless for ten years, rough sleeping for majority of time.	Food, boots, sleeping bag, training course, tent, phone, radio.	Unknown	Rough sleeping	Wants to remain rough sleeping but sees this as time limited due to his age.
Norman	Unknown length of time homeless but assumed to be significant (more than 8 years). Rough sleeping prior to pilot.	Clothes, watch, toiletries alarm clock, computer course, bus pass.	Attendance at AA meetings. Going to college.	Living in a hostel	Thinks the support he has received from staff has made him feel more confident.
Oli	Has been rough sleeping but accommodated in supported housing prior to IB.	Bond and rent.	Attendance at courses.	Living in independent accommodation.	The IB money has allowed him to stay on top of paying his housing costs.
Patti	Has been sleeping rough but recently in bedsit accommodation.	TV, Cooker, Fridge, Bed, Mattress, Radiator, Plates.	Reduction in substance mis-use.	Living in independent accommodation.	The IB has helped to get her into accommodation which makes her feel more secure and confident.
Roger	Sleeping rough and sofa surfing for 8 years.	Housing costs, Cooker, Washer, Bread Maker, Coffee Table, Microwave.	Re-engaged with his family, been on family holidays.	Living in independent accommodation.	Does not really feel the IB has helped much. Grateful for being provided with items but not the reason his life has improved.
Steven	Significant amount of time sleeping rough in supported housing.	Clothes, rent food.	Was attacked by someone.	Living in supported housing.	Unknown



4. Organisation and administration of the pilots

The introduction of the individual budget approach tended to entail a variety of responsibilities for those involved in administering them. This chapter looks at how the budgets were administered and integrated with the services using them. This chapter also looks at how the budgets were understood, by workers and IB recipients, as well as how they were spent.

Introducing the budget

In most cases the support and the money received worked in coordination, either explicitly or implicitly, with a support/action plan which was developed between a support worker and the client. The budget within the Bridgend pilot however was reported as not being tied to a support plan as it was designed in order to be flexible to best respond to individual needs.

None of the pilot areas discussed the total amount of money available with their clients.

You've got to remember they know we can get funds for them. They don't know how much we can get. They don't know where it's coming from. They don't really know it's solely for them.
(Swansea support worker)

Furthermore, it was apparent as time went on that as new clients were brought onto the pilot that not all clients were informed they had access to an individual budget. Instead the pilot was often referred to in more ambiguous terms e.g. a new scheme, new programme etc.

The way in which support workers framed the IB was reflected in the responses provided by IB recipients in the interviews. A number of people said that they had become aware of the pilot over time. People often said their support worker had not told them about it, or not gone into details or they simply assumed it was another fund to help them pay for housing costs. For example, Alistair, Edward and Roger expressed confusion about why they were being consulted in such depth about the funding they had received:

Alistair: *Like I say, I had a brief meeting with her. We had a brief discussion about bonds and then they said, bed and breakfast as well. I don't see this as a pot of money which I've got control of. I don't know the limits of it all or whatever.*

Interviewer: *Do you remember when [the support worker] first started to talk to you about being able to spend the money from the budget?*

Edward: *What budget?*

Interviewer: *They call it Individual Budgets or they may have another name for it.*

Edward: *I don't know this one.*

Roger: *I don't understand it. I don't know whether they could have dealt with other people. I'm quite educated and independent. I'll not sit back and feel sorry for myself. A lot of people they will need that sort of money and that sort of support. I don't know how they have treated other people. From my own personal point of view, this individual budget, it's not been part of my life. I just accepted that I'd get things that I needed. I had a few things and things had been broken or whatever. There has been no interest in sorting that out. It's only just now I've spoken to somebody about the cooker.*

A number of other people consulted said they were aware of it, but in many of these occasions, people were lacking in coherence and may simply have

expressed awareness as a way of saving face in front of the support worker, who was often present in the interviews, with people who were most vulnerable in some way.

On the other hand, there were other people who appeared fully aware of the pilot as well as the principles and scope of the IB approach. Bob, Karen, Norman and Malcolm all demonstrated good levels of understanding about what was involved:

Bob: *This is a scheme to help people that have been constantly rough sleeping to try and stay at home more and see what they need. They would stay at home more, involved in other activities. That what we've been doing now and again getting bits and pieces, clothes, washing machines.*

Karen: *Thinking about it, I thought it was good. It helped me get back onto my feet without like, with obviously how to use it wisely and what to do with it and not obviously right now with the shared accommodation, there is not a lot we can do with budgeting just yet. When I was transferred into my safe place, they had more with budgeting than with everything else, with decorating and things like that. I'm still in the programme with it at the minute. I think it's - I thank the people who have helped them to help others like myself and others in the same situation as I'm in.*

Norman: *I go out shopping and er, if they can fit it in then they come shopping with me or er, if they can't it'll be a friend that they know they can rely on, they can trust...I make sure I got all the receipts and hand over receipts over so they can calculate it out and make sure I got the money to go with it.*

Malcolm: *I do need help, you know, yeah. I do need help because I can't keep carrying on the way I have been doing.*

Interviewer: *So what did you think about it?*

Malcolm: *I thought it was pretty reasonable actually. Pretty reasonable. And they'd sort it all*

out. They keep trying to offer me things!

Permissible spend

At the outset there was some concern, by workers, about the lack of guidance as to what the budget could be spent on. People often wondered about what the right thing to be purchasing was and whether certain items would be allowed.

At first I would think, right, am I allowed to spend money on that and I'm allowed to spend money on that?...Because it was a little bit out of our comfort zone, if you like. We've always worked with people on a pittance really...and then when you've got money available for you to put in place for them. As a support worker that can be a bit strange as well, because you are not quite used to being able to do that.

(Bridgend support worker)

In Newport there was some initial uncertainty as to whether the budget could be spent on repaying debts or paying bonds. Similarly, within North Wales it was envisaged that the budget would not be spent on deposits or for settling arrears. However, over time, once coordinators and workers had become more experienced with the IB concept, it appears many of the initial restrictions were relaxed. As one worker in North Wales reports:

It's changed. It's changed as the time has gone along. My last meeting and I was like, well, what about a laptop. Get a laptop, yeah, a dongle. It's been a bit more relaxed now. At the beginning it was a bit like, "£10 phone, is it going to get sold?" Whereas now it's like we are confident and we just think, that's going to make a massive difference. Whereas before we were like, are we going to get told off for this kind of thing? It's just about confidence, I think.

(North Wales support worker).

In contrast, within Swansea, from the outset, workers were encouraged to think broadly and adhere to being pragmatic by allowing spend on a range of

areas, the guiding principle was that the money, "... can't be spent on anything immoral or illegal". Once the initial anxiety subsided, where possible, ideas began to be co-produced with clients aimed at trying to facilitate unlocking some of the fundamental barriers to progressing positively in their life. For example in Bridgend the support worker supported their client to think of ways to remove barriers to what was most important to him:

He didn't say, can I have a bus pass. It was like, what's your main sort of hurdle in moving on with things and it was he couldn't access his family, he's got a young son and sister, because he couldn't afford to go backwards and forwards to see them. We thought, well, maybe we could do a bus pass for him to be able to do that and then it just went from there really and he rebuilt relationships which then has knock on effects. He now since moved closer to Bridgend. That was one of the things that he was really struggling with at that point and felt that if that was improved then other things may improve, which it did. (Bridgend support worker)

For this client, the bus pass was subsequently replaced with a bicycle, in order for there to be a sustainable solution preparing for the end of the pilot, which was bought out of the IB funds.

Low expectations and 'going for the cheapest'

In all cases, those workers we consulted, expressed surprise at the comparably small amounts of spend each area had made. The vast majority of spend had been on small items with larger single sums contributing to funds relating to accommodation costs. Furthermore, in addition to being reticent to spend the money and access the budget, it was common, when buying items, for clients to almost always go for the cheapest option. Often second-hand items:

People always automatically look for the cheapest or something, always. If I say to somebody, somebody said to me the other week after he had

his finger chopped off, he needed a new pair of trousers, because his were blood soaked. I said, come on, let's go and get you some trousers. I said, if you had enough money where would you go to buy them? I think he said, Primark. I said, it doesn't have to be Primark. It doesn't have to be the cheapest. That is all he could think to go to. That's generally what people are like. They don't have—you get some who like the labels and who like to look smart. They wouldn't go to—say they wanted an Adidas T-shirt they wouldn't go to an Adidas shop, they would end up going to TK Maxx or something to try and get it. That is just built in with people. They live on, survive on a low income for a long time. It's just part of, you just get used to it don't you.

(Cardiff support worker)

[Name of client] wanted all second hand stuff and she will say to you, it's the first new mattress that she's ever had. (North Wales support worker)

It was common to hear from support workers that they often had a significant challenge in facilitating people to think openly about items they would like and then encouraging them to accept them. One support worker describes how this is potentially linked to the need to remain mobile and nimble having been used to being moved on over a period of years:

Everybody would just assume that you offer somebody who is homeless, and almost unlimited money, to have whatever they want. They just assume that they can have a best telly and I'll have this and I'll have that and people just don't want it. Trying to get people to accept anything is hard work sometimes. It's built into that homeless kind of lifestyle that if you have something you've got to think about taking it with you. Generally people just want basic practical things. They don't want anything beyond that.

(Cardiff support worker)

When asked about what they thought about the budgets, a large number of IB recipient interviewees expressed surprise about both the range of options

available to them upon which they could spend the money and the amount of money seemingly available. IB recipients often talked about using the budget 'wisely' and trying to be thrifty:

Alistair: ...we bought everything in the sale. I knew I didn't have to have any worries about clothing for six months.

Occasionally refusing items by saying they were not in as much need as others:

Louis: They [support worker] were offering me money left right and centre for whatever I need like, basically I didn't want to take out of the project or whatever it is. They offered me a computer, laptop and all that. I just said, no, because I don't really need it. I'd love a computer and all that with 12 months free internet and all that which they were offering. But, there is other people out there could do with £300 you are going to spend on my laptop rather than give it to somebody else. I haven't pushed the boat out and accepted every single thing they were offering me. I don't want it. I don't want to use the system like.

There was this continuing notion, from those people most aware about the pilot, that asking for too many things and accepting items might make them seem 'greedy'. This is clearly demonstrated by Patti:

Patti: Yeah, there is, you are not sure what to ask for. I didn't want to seem like too greedy or anything like that or—erm, I wasn't really sure what to ask for. Shy is not the right word to say. But erm, I was a bit reluctant to say what I haven't got, like. The idea to look through a catalogue and say, I want this and I want that. I've never done it before. It felt a bit weird.

Furthermore, a small number of people either reported being uncomfortable with being indebted to the budget or reported that they refused money from

the budget as they could access items cheaper or at no cost elsewhere:

Alistair: [the support worker] says to me, well you are moving into B&B we will get you some towels. And I say, no, I can get towels for free myself. You don't have to come over to the shop and spend a couple of quid. She said, the budget and I say, no, I can scrounge them. She can spend the money on something else or if I prefer a pair of shoes which I can't pay for, which I can't get for nothing.

Edward: I like to pay my own way.

Similarly, Malcolm talked about how accepting money from the budget brought him closer to being 'back in the system' which he was attempting to maintain his distance from:

Malcolm: ...they would help you get back into the system and with a possibility of housing and all that as well. And yeah, I did try to join the system for a little while and I did for about three weeks or so and I couldn't handle it. I just went off again... You know, I have a problem with office people and authoritarian people, really. Not office people, but authoritarian people.

The differing roles of the budget

There were a variety of reasons support workers gave for purchasing the items they did with their clients. Many of the workers who supported clients through the pilot reported that the strength of the IB approach was the access to funds to address housing costs which their clients would otherwise not have recourse to. This, for some, meant that a route into accommodation could be provided for clients when the IB was spent on providing bonds and settling housing debts. Similarly, landlords were also seen as more amenable to the notion of clients living in their properties when they came with the added support provided by workers.

On at least one occasion the IB was used to help a client remain within B&B accommodation while the local council decided whether they had a duty

towards him. The authority eventually decided in his favour and he was able to obtain independent accommodation. Here the IB was used to ensure the client remained housed whereas otherwise he would have had to return to rough sleeping.

In at least one case, accommodation and contents were damaged and items stolen by his previous acquaintances from the street. These were eventually replaced – via the IB – but the support worker then began to tackle disrupting his social networks so the risk of this happening again could be lessened. Negative social networks were a common factor in reasons why people might not be progressing as well as they might whilst on the pilot. In a number of instances, particularly with people who had mental health problems, acquaintances would often ruin their new accommodation and damage and/or steal newly purchased items. This was seen as a major problem and risk to them ending up sleeping rough once more. In such situations, being able to support clients in accessing new accommodation away from these areas and/or spending on items which helped to disrupt the effect of this, relationships were core areas of focus for the support workers.

Purchasing things that would keep clients distracted and disrupting their role within particularly negative social networks was a major reason for using the budget. Items such as TVs, fishing tackle, DVD players etc. were all purchased with the aim of keeping people away from boredom, breaking up existing social networks and generally occupying people's time in a non-self-destructive way.

Using the budget as part of an effort to develop and maintain trust with the client was a core use of the budget in almost all cases. When this was the aim, common areas of expenditure tended to be practical and essential things including food, sensible footwear, waterproof jackets, phones, etc.:

It's all similar items that come up again and again that people want, phones, jackets, boots, footwear. Very basic stuff. There is nothing apart from the lampshades here and there, everything is essential. That's not surprised me about it, but

I think that's really stood out that nobody wants anything frivolous at all. Everything that people want is practical. It's just practical. Literally, my shoes are falling apart, so I need a new pair of shoes. I will keep the old ones for begging, because I get more money then, which I think is good. That is what people want. It's practical stuff. (Cardiff support worker)

In a minority of cases, the IB and the accompanying support, was used to better safeguard people's wellbeing. For example, in one area a support worker worked with a long-term street drinker who was found accommodation in a supported wet house where he could continue to drink safely and securely. It was recognised that for this person he was not going to move from the street to independent accommodation as, "He's probably always going to be a street drinker." Therefore the support was used as a way to think more creatively but pragmatically about how to best tackle his needs.

One of the unanticipated outcomes from purchasing items, particularly when it came to furnishing for people's homes, was seen by workers as giving recipients something to look after. This was particularly the case when the client had suggested an item and been part of the act of purchasing. From having a simple item such as a coat or a phone to having a flat, meant that people often put more effort into looking after it.

We've gone in with this money and we've given him a home. There is one chair, there is a kettle, there is a pan...Everything he needed was in that

house. He lived really well in that house for eight months, which is a really long period. Electric, gas, TV licence all paid. Everything paid and food every week. I'm not saying he hadn't been drinking and he hadn't been doing this, because he has. But, because he had somewhere which he respected and he valued, he knew that he had to do a, b, and c to keep it. And then whatever's left is his to do whatever he wants. He's learned quite a lot how to look after himself by having something worthwhile to look after.

(Swansea support worker)

Similarly, Patti talked about how populating her new home with items had an unexpected effect on her sense of self:

Patti: Well, it's been good in several ways, it's made me prouder of the little place I've got. It's made it more homely, because everything was there near enough to start with, so I didn't have to be in dribs and drabs like I said about the fridge. It took me ages to get a fridge last time. Now I've got a fridge freezer and telly that works, well, sort of. I've got a new bed. I've never had a new bed before. It was absolutely lovely. To be the first one on the mattress is good.

Table 4.1: Items bought with IB funding

Furnishings for accommodation	DVDs	Horse riding equipment
Stereo	Bedding	Horse riding lessons
Domestic appliances (Washing machine, toaster, Fridge-freezer etc.)	Housing costs (B&B)	Basketball coaching course
Rucksacks	Mobile phone	Birth certificate
Fishing tackle	Clothes	Radiator
Accommodation related debts	Footwear	Laptop
TV	Guitar	Wi-fi dongle
DVD player	Hair clippers	Food
Wristwatch	Haircut	Driving lessons
Training courses	Passport/ID	

Rules and restrictions

In terms of the rules and restrictions placed on what the budget could be spent upon, this was largely open. In Cardiff, spend had to be in line with the agreed support plan "...showing how it will assist the service user to meet their stated aims". Here frontline staff could authorise spend up to a value of £500 with anything greater than this passed to senior management to sign-off.

In Newport significantly more bureaucratic procedures were in place where workers had to obtain four signatures to approve purchases.

You need the name of the client, address, date of birth, items to be purchased, cost, justification for purchase. Request by Outreach worker, name, agency, date, signature. Authorised by tenancy support scheme manager. Date, signature, received by Outreach worker, date, signature, client sign below, four signatures.

(Newport support worker)

This was seen by the support workers consulted as creating significant barriers to using the budget in the spirit in which it was intended. Although, it should be noted, that there were different views from those consulted within Newport as to the precise procedure.

Most areas reported some issues with the procedures in place for achieving authorisation for expenditure. At least one support worker in Swansea talked about procedures being a 'rigmarole' but qualifying this by suggesting it was workable nonetheless.

When there had been difficulties in accessing funds it was reported that this risked setting back some of the relationship building that had been going on between support workers and clients. For instance, the failure to place an order for a bed, by the team responsible for the administration of the budget, was seen as risking the trust that had been steadily gained between the support worker and the client:

She [from the budget holding organisation] said she'd ordered it and no disrespect to her, but it never went through. [The client] then came to my door and I phoned through saying, "can you just check that delivery date for me?" They said, "Oh no, it's not been ordered!" It was a nightmare for me telling [the client]. That put our relationship back a little bit. It's only something small, but she was looking forward to that.

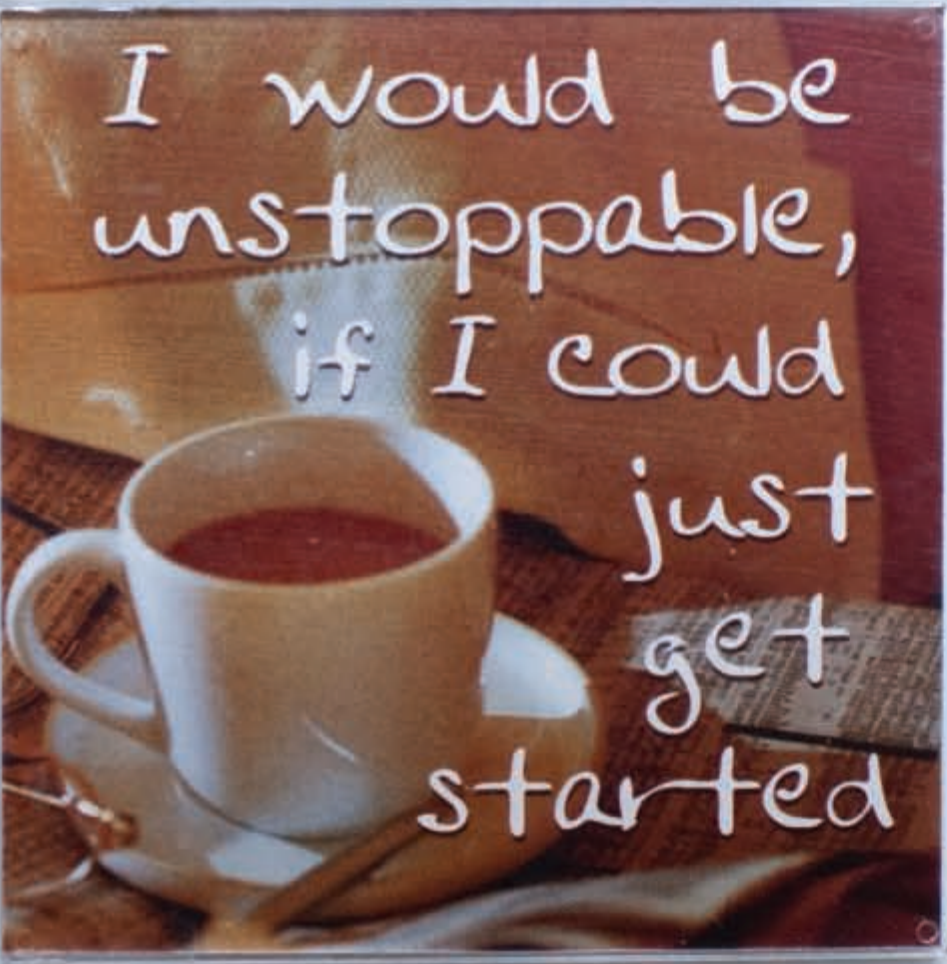
(North Wales support worker)

Furthermore, where partner agencies were using their own funds to administer the budget, a delay to being reimbursed by the budget holding organisation (usually, but not exclusively, the local authority) created a cash-flow problem for smaller organisations.

The overriding message from the support workers involved in accessing the budget on behalf of the client was that access to funds should be as immediate as possible with the minimum of bureaucracy:

It's the flexibility and speed it gives you for addressing individual needs. A pair of socks might not be much but it gives you a chance to talk while you are walking about the shops rather than sat in a hostel. (Cardiff support worker)

It's all the same. I have been given now a petty cash sum of £200 and they will top that up as and when. I had one of my service users moved into a flat last week so I had to go and buy a move on property with my company card and then I will get a cheque from them. It's still not right, but it's better than what it was. Like we said before, it's the speed of getting the money that's the key and that still isn't happening, but we are getting around it. (North Wales support worker)



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if I could
just
get
started

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5. Partnership working

All pilot areas brought together a range of partner agencies in order to help with the delivery of the pilot. However, there were challenges faced in certain areas and differences between the areas as to how effective these partnerships were. This chapter explores the partnership arrangements in place and looks at the impacts these had for the delivery of the IB pilots.

Strong partnerships

It appears that the effective delivery of the IB pilot was more straight-forward in areas where inter-organisational partnerships were already strong. For instance, in Cardiff the partnership was already large and the individual budget pilot was coordinated, on the ground, by a single full-time support worker. Feedback from within Cardiff suggested that a continuation of the IB approach would be generally unproblematic as long as funding was in place to cover the costs of the worker and the budget. One support worker, in Swansea in particular, but also one in North Wales, tended to view the situation within Cardiff, where there was a single full-time IB worker, as ideal.

If [name of client] had rung me up say last Thursday morning and said, I need to see you and I need to see you now, I couldn't have done anything because I had other plans for that day. It is a case of, although we were asked at the beginning, can we devote our time, that I find very difficult, because I'm [name of role] and yesterday I wouldn't have been able to leave the project, because there was only two of us here. Plus I've got a load of other clients that I have to work with and devote, try and devote as much time to the other clients as well... Basically, if we were just maybe seconded for a year and said, right, this is your list. These are the people you are working with and not have to do all the other stuff then I think I would have managed it a bit better. (Swansea support worker)

However, although a different support work model was adopted in the other areas there was evidence that, with attention, this could also work effectively. The pilot within Swansea relied on a small number of support workers within key agencies to deliver the IB pilot. This appeared well coordinated with evidence of significant communication between the partners and a distinct sense of joined-up working. However, a small number of workers did make note of the added strain the IB work had on their workloads. Workers talked about how it was manageable as a pilot scheme but expressed concern about the sustainability of the approach if there was no added capacity built into their work.

With the exception of Cardiff, the partnership and delivery of the IB within Bridgend was the most contained. Here the local authority was the lead organisation but the IB was delivered by working in close partnership with The Wallich. Here workers accommodated the IB work as part of their existing role. From consultations with staff it was evident that the issue of balancing workload demands was considered and planned for prior to commencing with the pilot. Although it should be noted that The Wallich experienced some 'windfall capacity' as a worker increased her hours from part-time to full-time during the pilot. This available capacity, coupled with the financial flexibility that was provided by The Wallich taking the lead in administering the budget, was seen as the major ingredients to success by the local authority.

The Wallich essentially were the ones drawing down the money with a backing from the relevant local authorities... everything was audited and receipts and things were kept. They could do it in a lot smoother way, whereas if it was in the local authority, particularly to control that money I wouldn't be able to raise payments at the drop of a hat, petty cash and things like that. It just wouldn't happen. (Bridgend coordinator)

Building partnerships through a 'special' programme

In North Wales although the partnerships were in place there was a sense that these were not as strong as in other areas. Here an unanticipated outcome of the IB work was the way in which workers were able to foster stronger partnerships with various agencies by framing the IB pilot as a 'special programme'. Such framing by workers to 'external' agencies and organisations (e.g. landlords) seemed to create confidence that the 'high risk' clients would get extra support. This ultimately allowed their IB support workers to have access to a greater range of accommodation options than would otherwise be the case:

The one thing we have found with the IB is that it's actually opened doors for people. It's seen as this strange project that other agencies don't really know that much about. It's allowed us to carry on working with people so there is none of this cross funding thing. Agencies sometime say that "we don't want to be abandoned with this person, because they are very very difficult" and we could say, "well, no, we will support them as well". They then have multi agency support whereas people had said, "well in that case, we will take them on." And we say "we will work with them. We will find them accommodation. But you must do the support as well." And so it's opened a lot of doors with people. All these people that we've accommodated we wouldn't have done without the IB.

(North Wales support worker)

Partnership challenges

The experience within Newport demonstrates the need to ensure the partnership for the IB is built on a solid understanding of roles, appreciation of organisational challenges and effective communication. Although there was an existing partnership of organisations including the local authority, homeless agencies and other organisations, there were reports early on in the pilot that the partnership was not working as effective as it should be. At the initial interview after the pilot had been running for a couple of months there was already signs of strain:

[Clients] are the responsibility of individuals' key workers, but we have struggled to adequately staff the pilot. Once someone has moved on from the hostel, continuing with the IB is problematic because we don't do all the resettlement work. We would like to have an IB coordinator's role funded part-time. (Newport coordinator)

By the time of the mid-point interview the IB pilot within Newport had effectively stalled. In a large part the local authority attributed the failure to get the pilot off the ground in that area due to a lack of capacity within the organisations delivering the pilot on the ground:

These are the sort of projects that get busy and can be difficult to manage sometimes in the sense that you know, when your client is in crisis and stuff, you've just got to put everything into that, because there is so much unpredictability in working with these guys and in this sector someone actually gets a place then you go from low to high support. We did see it's going to be a challenge to create enough capacity between the different workers to be able to make this function, especially when compared to projects like Exeter where they put some money in to release capacity and to release a worker equivalent or indeed to Cardiff where they had an Outreach team and they could say take one of them out and take 20 per cent out. That was the rock on which it ground to a halt. (Newport coordinator)

Once the pilot had concluded we took the opportunity to review the outcomes with Newport. Here it was clear that there was a sense that failure was due, in part, to the design of the pilot in Newport. Issues such as partnership working arrangements and staff capacity were blamed:

I think perhaps we were a bit naïve in thinking that there would be enough capacity in these different projects to be able to do it, working with chaotic people. When they go from one place to another everything changes.

(Newport coordinator)

With hindsight it would have been good to look at the makeup of the projects [existing activities] beforehand and any possible duplication or whatever. At the last stage before finishing we were saying, let's try and get this money and we were saying to the partners, look, can you reconfigure at all? Can you reconfigure what you are doing or can you release some hours or whatever. There was a pressure on it to do it then, because we could lose the funding. They managed to come up with it, because there was that pressure. That would have been good at the beginning, I guess.

(Newport coordinator)

Although, in principle, the IB approach was viewed favourably, its failure to be implemented successfully in that area was seen by a number of support workers as a failure of adequate planning and being unable to successfully adapt to the situation once the pilot was active, for example:

Basically, we have a meeting approximately every month where we talk about clients and any progress made with them. Obviously we are going to these meetings and there was not very much being said at all. In the end, we kind of knocked the meetings on the head and just kind of stopped where we were. We didn't go any further. It would be pointless, because we just don't have the staff and resources to do anything with it. That has been the problem....There was mention of employing a dedicated worker as well, part-time. But we have been discussing that on and off for the last year, but it just hasn't got anywhere.

(Newport support worker)

Although the pilot became effectively redundant in Newport there was a sense from the local authority that this served as a 'wake-up call' as to the demands placed on them and partners by partnership working:

That's why I think the Welsh government stuff is good. It forces partnership and looks for partnership outcomes. Newport, as a council, has tested the partnership by saying, "look, we are looking for responses. We are looking for changes here." And people came up to the mark and said, "okay, yeah, we'll make a change. We will adjust our services around within this." I think that worked well. I think it has been very positive in that sense.

(Newport coordinator)



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6. Engaging in the pilot and making progress

In terms of how the approach of the pilots compared with previous schemes of supporting rough sleepers, workers we consulted were overwhelmingly positive about the benefits of the IB approach. This chapter looks at how people became engaged in the process, what the experience of being a part of the pilots were like and what some of the key areas of focus was for workers and recipients alike.

Getting people engaged

Much of the support for the IB approach from workers was grounded in the perception that it was seen as a return to an assertive outreach role. Having access to the budget was seen as an important part of the IB approach and regularly described as the 'hook' or 'carrot' which helped get people engaged with the support worker. As one coordinator explains:

It doesn't matter what you are actually buying with the money, but it's a carrot to bring people into support when they wouldn't normally be engaging with support workers. We've got support available now, but for whatever reason they are not engaging with it because it's not what they want or it's provided in the way that they want and the budget basically allows us to sort of get involved with that rough sleeper, because if they tell us they want something we can go ahead and provide it.

(Swansea coordinator)

It was clear that having access to a new way of resourcing potential interventions, or even covering basic incidental expenditure for people, gave workers options that had not before been available to them under previous schemes:

Historically, we've not had much of a resource that we can do things with individuals, but just sort of, okay, you want to do this and we will engage with you and we will find you some accommodation and we will try and support you as well and I think that's really where we've had the big successes. **(Swansea coordinator)**

Looking towards the future

At the outset of the pilots, it was common to find people talking about their hopes for achieving accommodation and trying to find a more stable way of life. Where this was the case, the decision to change was largely attributed to being too old and/or deterioration in their health:

Interviewer: *What happened to make you think that you don't want to be on the streets anymore?*

Bob: *I'm getting too old. I've had two slight heart attacks. I'm 33 and I've had a couple of heart attacks. I can't do it no more. I'm getting too old.*

Other people focussed less on accommodation and more on being able to reduce their intake of alcohol or substances and to generally get 'cleaned' up:

Carl: *I want to clean myself up and get my act together, to be honest.*

Don: *I'm going into detox in just over two weeks. [Name of support worker] is going to take me to get some shopping to get some underwear and toiletries and bits and bobs to take it into the detox unit with me.*

Interviewer: *How long will you be there for?*

Don: *18 days in the detox unit. I'm hopefully going along to a rehabilitation place then in three to six months.*

Other people focussed on goals further down the line such as gain employment:

Louis: *I could apply for a load more jobs then [when he gets a driving license]. Get a job and then I might ask IB if they could help me towards it or whatever. They would probably tell me to fuck off, because I've got a job like. You can pay for yourself now.*

Or being able to travel:

Patti: *I would like to get my act together and go travelling. I love travelling. Go to Africa, Cameroon and places. I would like to travel again. I'd like to take my time travelling. I don't know. I'm 50 and I've only got about 20 years left because of my health.*

Whereas others found the future difficult to contemplate:

James: *I don't know...I'm my own worst enemy. Everything I do is not right. It's all wrong. It's all wrong. Can I see the future? No I can't at all. It's like erm—I'm not trying to be full of self pity. I am a bit vulnerable. It was a couple of years ago, I was chairing meetings in AA. I was chairing the meetings. But as soon as I lost my daughter, I thought, it's all gone. It's gone. Took a big chunk out of me. A chunk. I don't like it in the flat where I am.*

Deciding to make a change

The process of making a positive change in life was narrated differently by a number of IB recipients interviewed. Those people who had demonstrated most profound change and had travelled the largest distance (e.g. between the street and settling into accommodation), often evoked the concept of having hit 'rock bottom' and 'deciding to make a change'. As Don goes onto explain:

Don: *...you get to the point where you hit rock bottom after rock bottom after rock bottom. You get a bit of thing in your head and I can't live this life any more. I've tried to use this IB for what I can to help me on my way.*

A number of other people talked about being 'too old' or 'unwell' to maintain living on the streets. This was notably the case with Bob who had already had a number of heart attacks by the age of 33. Similarly, Louis cited the death of two other rough sleepers who he knew well as instigating a change in his life:

Louis: A couple of my mates killed themselves whilst on the streets and then basically listened to [the support centre he attends] and they sorted me out and all that. I'm not strung out like three of my mates are.

However, other people – notably Alistair – noted about how he saw the IB as an opportunity to get access to the things he needed in order to live a more sustainable life but to remain living with a state of housing precariousness. Here there was a distinct sense that he saw the IB as a way to maintain a frugal life as opposed to moving back to a position where he had a stable home and full employment. Although he had achieved a place within supported housing it was intimated that it was something he would be able to walk away from. However, in the final interview it was clear that the sustained input from the support worker had shaped the way Alistair was thinking about his daily life and future:

Alistair: *I joined a few things like the local housing association [mentions role his has]...and I get involved in the community. [Name of support worker] has encouraged me to do that type of thing. I'm meeting people from the community and from the university and not just people from the homeless centre, because you tend to get quite friendly with people and help each other with problems and it's not really always the best way to get on.*

Readiness for change

There was a clear sense from coordinators and support workers, particularly when reflecting on their experience of the pilot so far, that the use of the individual budget approach is most effective with those people who show a willingness and readiness to progress.

People have to be ready. I think what we did was we compiled the list of the more chaotic, the ones who had been out there for years and just said, we are going to do this. They didn't get given a choice... However, I've spent around the £2000 on him. I could spend £22000 on him, but if he's not ready it's not going to work. I think it depends on the person and where they are.

(Swansea support worker)

It's all about what they are able to do and what they are ready for. **(Bridgend coordinator)**

The cases that have worked well, where people have suddenly decided right now I want to change and now I want to do this.

(Swansea coordinator)

This was also recognised by IB recipients, particularly those who had travelled the most distance in their housing situation during the pilot. As Louis explains:

Interviewer: *Do you think it works for everybody?*

Louis: *No I don't. It works for some people that actually want to better themselves or get themselves out of the rut they are in at the time... The staff can see there is a change in me before I was even offered the IB. I wanted to do something instead of just drinking myself stupid and being on the streets... If it wasn't for—I don't know the word. It's like one to one like. If I didn't have that chance to actually talk and getting what's in my head and all that, I don't think it would work. The IB is good, but it's not everything, it's sometimes it's the people around that helps as well. Trying to work out which bits are important sort of thing.*

The approach though was not seen as appropriate for everyone. There was a sense that the IB had to be there in order to quickly respond to people who showed signs of readiness to change.

I don't think in any of the cases, even the ones where we haven't made any progress or where we've no progress and then gone round and round in circles again and again, which has happened with a couple of the guys. I still think that they have benefited from having that IB and having that support. One guy particularly who has had a period where he will want to get into accommodation and he will need support and he will want to do things and he will use the IB and he's great with it and then he will just completely disengage. He will now phone me when he's ready to have another go. I think that's progress. It's very small, because he's still going round and round in circles. It's just that little shift towards me going after him. Now he will approach me when he's ready. I think that's progress.

(Cardiff support worker)

The importance of time with a support worker

Although the focus of the pilot was the introduction of the innovative individual budget, what emerged as the crucial element in making the IB operationally effective was the time and support of a support worker. This was seen as a pre-requisite to allow for a trusted relationship to develop between support worker and client:

I think IB works with the people who are willing to have that relationship with the support worker. That has probably been easier for the ones that I was involved with anyway and had a relationship with anyway. I think the IB has helped to further that relationship and just to make it more concrete and just make it just a bit easier as well. I think it's helped with possibly the longer term clients. It probably has just to add something else, really to what we can offer them, I suppose.

(Cardiff support worker)

There is a lot of trust at the moment to be perfectly honest. The support with certain ones was quite intensive in the beginning. We just ran it to a stage whereby they said, well, I'm all right at the moment. Can I see you once a week or can we do this. I said, yeah, fine. When it went to that there maybe was a few little hiccups. But then it stabilised out and it's running quite smoothly.
(North Wales support worker)

Many workers spoke of the value that having meaningful time with their clients had on the co-development of effective interventions/areas of expenditure. This was enacted in various ways. To some it meant accompanying clients to appointments, to others it included shopping trips to help them make decisions and follow through with their purchases. The relationship clearly meant a lot to many of the people, for example Carl who was particularly surprised that they continually supported him no matter what:

Carl: *They have been very good. I didn't realise that people like that existed to be honest.*

Notions of 'respect', 'support' and 'trust' were some of the key concepts mentioned by IB recipients about their relationship with their support worker:

Gavin: *[my support worker] gives me respect, the others don't.*

Louis: *Basically, the way she comes out with truth. She actually says it as it is like.*

Karen: *They have been there from to my lowest to the happy moments. They have been there through everything. They have been a big help for me with my confidence, I'm an ex-drug user as well. I've been clean now for a year. It's just lack of confidence and being around the public, which is this being in back into the group now has helped me progress in myself again now. [Name of support worker] is an amazing woman. She's brilliant. She's great. I've been talking to [support worker] about everything and anything. All she*

can do is give me advice and I do listen and I take on board and I do what she says. She has been really good. If it hadn't been for her, god knows where I would be now.

Although the time spent with each client differed on a case to case basis, it was reported that there was a noticeable increase in the time devoted to IB clients when compared with 'regular' clients. As one support worker in Bridgend describes this was as much as 30-40 per cent more time per client:

My clients, my regular clients I see every day. However, because he's here everyday. I do visit him in his tenancy as well, which I wouldn't do with my other clients, necessarily... Percentage wise, I suppose you would call it 30 per cent, 40 per cent more. **(Bridgend support worker)**

The necessity of planning for the time needed by the support worker to effectively undertake the IB approach was seen as the main learning point from the experience in Newport by the coordinator:

The main thing we've learned I think from the IB is that the money can't release your time with clients. You have to be able to take that time up. If you've not got the capacity then it's almost a bit of a waste of time. **(Newport coordinator)**

Unlocking creative and assertive practice in support workers

Once the initial anxiety around what was permissible under the IB approach had subsided, workers described a whole range of ways in which they had begun to work and feel more creative in their approaches to dealing with the challenges clients were facing. As one support worker reported:

I've learned to be more flexible and look outside the box for things. People are all different. There are little things that you can do that will make a big impact on people and finding what suits them, if you can do it in your role, then try and do that. **(Bridgend support worker)**

I think if you've got a key worker who is engaging with them and has a good relationship it's quite proactive and thinks outside the box then they are going to go out and they are going to engage that person and they are going to use that time appropriately and when you've got that trust then I think you are more likely to promote that engagement and that change.

(Swansea coordinator)

As well as becoming more creative, workers, who were used to working within a more reactive service, began to adopt more assertive preventative practice in order to attempt to stop challenging situations getting worse:

I think this approach I think is really made me sort of be more proactive I guess in finding people and when things are going wrong and just really dealing with the basic stuff. What is going to stop this going completely disastrously wrong and really sticking with people to try and sometimes just stop a bad situation from getting even worse.

(Cardiff support worker)

One way in which the creativity was made possible was via a certain degree of supported autonomy provided for workers by the coordinators, or management structure. This was seen, by support workers, as an important part of the structure in order to allow for immediate and creative responses to take place. At the same time however, it was also noted that a support network should be wrapped around IB workers as a way in which people, who are working with IB, could draw upon support and professional stimulus if required. One support worker in particular reported feeling isolated in their work and needing some input to help shape her decisions:

I think it's been a bit hard for me, because I don't have anyone else to bounce off, you know, the problems that they have and even though I do have supervision with my line manager, how is IB going? It's fine. Whereas I know if I was in an office and if I'm working with people that were on the same project as we'd be talking about things and maybe give each other advice or support. **(North Wales support worker)**

Dis-engagement and relapse

Although a number of people left the area, and whose whereabouts became unknown, and other people entered prison, dis-engagement from the pilot was minimal. Although not all those clients affiliated to the IB were as enthusiastic about making progress as some, the driving principle behind the design of the pilot was that the support worker should remain engaged with that person regardless:

The beauty of the scheme is the fact that nobody ever gets thrown off it. If they disappear, they can come back on and they can drop on and drop off, but they are never forgotten. That is the important element of it as well.

(Bridgend coordinator)

The ability of the approach to allow a worker to track their client through various services was seen as crucial. It was described that when a rough sleeper comes off the streets and into accommodation the original worker would hand them over to the next agency and then move back to working with their caseload. However, it was common for newly resettled people to experience crisis and setbacks which ultimately increases the risk that they return to the street or end up in precarious housing situations. However, the principle of the IB meant that support workers could remain in touch with their clients through periods of crisis which often was seen to help ameliorate the crisis in the first place or help clients adapt to the situation.

In addition, it was seen that many clients still 'relapse' or 'go on a bender' but the regularity of these incidents were much less than they would have been and the material impact these incidents had were reduced. A number of support workers talked about being there to help ensure the effects of these incidents were minimised and then they worked with the person concerned to gradually reduce the likelihood of these occurring again.

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7. Reflections on the value of the Individual Budget approach

We asked everyone who took part in the consultations as part of the evaluation to reflect on their experiences over their time. There were a number of interesting issues emerging which focused on some of the key factors which led to successes and challenges.

Comparison to previous schemes

Although a number of IB recipients were not really aware they had become affiliated to an experimental pilot project, some IB recipients had noted differences when positioning the IB programme against their experiences of other schemes. People noted that they could access things quicker, the range of items able to be accessed had increased and the support from their worker was seen as more 'intense':

Frankie: *It's more intense now...She's there every day. She's there to help me every day.*

Gavin: *Well the help I'd been offered in the past would have been food parcel. But now, they'll take you to the shop and buy you what you want...It's a lot better and I think it's more supportive.[Name of support worker] is coming with me to the Salvation Army as well and the [local support group] to get off heroin as well.*

Patti: *She's [her support worker] more on the phone now more with organisations now. She's trying to get money sorted and get the council and it seems to be a continual yearly battle.*

Value for money

As seen in Chapter 3, the expenditure on the pilot was less than half than was planned and supported 25 per cent more people than was envisaged resulting in around 40 per cent of the clients affiliated to the pilot achieving stable accommodation. This in itself can be considered good value for money. However, further financial benefits to the public purse were

believed to have taken place by workers once the variety of tangible and intangible benefits had been taken into consideration. Savings were seen to benefit the lead organisation involved such as the local authority:

Depending on who we select, I think I could probably demonstrate that what we spent on the whole programme has probably come in at less than what we saved the public purse just on one or two individuals. I think we could probably justify the fact that even though we don't have 100 per cent success rate, even on the 10 per cent success rate it's still worth doing.

(Swansea coordinator)

With a number of workers reporting inevitable savings from other agencies as a result of the IB pilot, although this was not quantified by all areas (Swansea has attempted a cost-benefit analysis of the IB approach in their area), a number of support workers suggested that in their observations the costs to service areas, in particular the criminal justice sector, had been significant. As one support worker describes, by having the support of a worker and enabling new ways for a client to occupy his time, helped to reduce the amount of time he used to fill drinking alcohol:

...it's opened up a different network of friends or opened up an avenue into meeting different people. He can spend all day fishing down the lake. He might go drinking as well but he won't be blottoed...He's not being picked up by the ambulance services and he's not being moved on by the police. These things, football togs, fishing

rods, yeah, they are—it's opening their eyes to there is life out there besides booze and drugs. The TV and that's like a home comfort and it might be like, sod it, I will watch TV I won't walk into town, it's too cold. Whereas if they didn't have the TV then they would walk into town, because they would want to come and see you, because they have got nothing to keep them in. I'm not saying they are causing trouble all the time but he's having around 238 less interactions with the police in one year. That is a massive financial impact on the police budget.

(Swansea support worker)

Similarly, a client in another area, who was taken on near the end of IB pilot, was described as having a learning disability and high support needs. These needs had previously led to a history of engagement with the criminal justice sector and emergency healthcare – intimidating at a potentially high cost to the public purse. In order to address what was seen as a 'root cause' of their issues, the support worker initiated a mental health services assessment, paid for via the IB, as a way of fast-tracking him to more appropriate service provision in an effort to reduce his demand for services.

IB as transformational

For some people the affiliation to the IB project was transformational. One support worker in North Wales describes how one client with severe mental health issues who was rough sleeping ended up being supported in his parental home. A step which was seen as being impossible without the focus of the pilot:

Once he started with us, we had a point of contact, but up until then they could never find him, because he had no mobile or it was never charged up. He didn't do mobiles anyway. We got him into a hostel on the basis, because of his mental health problems. He's a big gentle man, but there were issues with him being with other people. Other people were very worried, concerned about him. We got him into the

hostel on the basis that he was on the IB project, because as far as being in the hostel is concerned, he had massive OCD and couldn't share things. We got him his own pots and pans. He suddenly decided that he wanted to start working out, but he couldn't go to a gym, so we got him some weights, because he was making his own and was a bit dangerous. We got him, more importantly a hospital assessment and on medication for his mental health. He's now gone back home to live with his mother. Which is fantastic as they weren't really communicating prior to this. Now he's quite stable with her. He's now still taking his medication because he was at a stage where he realised he needed it. He's now with the mental health team. He's now come off the IB. He only cost £45.24 but totally changed his life.

(North Wales support worker)

Similarly, another client who was a rough sleeper and a heavy drug user was described as 'unrecognisable' near the end of the pilot:

Yeah. They have all surprised me. Today [name of client] came in with his photos for his provisional licence and he's like, "thanks it's been amazing. Everyone has been amazing." Not just me everyone, all the agencies. He put his arms round me and said, "all right, I'm not going to see you now for six months [client going into rehab] I got your number and we will keep in touch."

(Swansea support worker)

Inequity of IB as an approach?

There was an assessment, by one support worker, that the criteria for inclusion for acceptance onto the IB scheme could be unfair. Here an example was provided where she was committed to working with one client who was not acting on the support offered via the IB whilst other clients not affiliated to the scheme, but who could have benefited from involvement, did not have access.

This has been aimed directly at the people who were sleeping on the streets, regularly. [Name of client] never slept on the streets. She's dipped out of that way. I do feel, I had to speak to her last week about her rent. She was crying and she was sobbing. She said, I do get up and I go out and not like the rest of them here. That's the only reason that she's still here, because most people who are that high in arrears I would have to evict. We are hanging on and hanging on.

(Swansea support worker)

Similarly:

I find it difficult with some of the other clients when they say, well, why you doing that for him? Why have you bought him a £60 pair of boots and I haven't got a £60 pair of boots. I find that very difficult because I couldn't explain why they weren't on the list. (Swansea support worker)

This was an issue hinted at by a small number of IB recipients who considered that there may well be people 'more worthy' of support than themselves; this implied a level of discomfort as to being affiliated to a 'special' programme alongside friends who may well not have been.

Refining the IB approach

There was significant support for rolling out the IB approach in the future from workers and coordinators. There were some thoughts as to how best this could work. It was mentioned that choosing clients to go onto the pilot should be more selective. It was thought that people locked into significant levels of substance mis-use would benefit less from the approach for example. Similarly, there was a sense that some sort of pre-selection 'readiness' test be applied in order to ensure that the people who were targeted would be the ones most able to benefit from the approach.

All those workers consulted expressed a desire to see IB become another important tool in the repertoire of agencies to tackle rough sleeping and multiple

exclusion. At least two areas – Swansea and North Wales – were actively looking at ways in which this could become part of their portfolio of services. In addition, Cardiff was hopeful of trying to continue the approach in the future, dependent on funding:

Realistically, there is no way we could continue on this level of funding that was put in as a whole. However, what it shows is that we don't need that level of funding... I think in terms of the general principle, I think trying to get a small budget looks as if it would be sufficient and then that should allow us to really try and just move in with the funding. (Cardiff coordinator)

There were a number of areas which were seen as potential ways in which the IB approach could be further refined and improved. One issue revolved around the need to remove time limits for IB client engagement. Many workers noted that although the expectation was that people would be supported to achieve stable accommodation within the 18-24 months of the pilot, for many people this was not going to be possible. A large number of clients had particularly complex needs which meant this timescale proved arbitrary. It was deemed necessary to have a person-centred timescale for engagement dependent on the individual concerned:

I think the shift towards more case work has been useful. We are hoping that there is some money available just on a smaller basis and not the full £3,000 per client thing. Just having a bit of money available for the kind of routine stuff and the phones and the clothes and stuff that's always been the biggest differences for people. I think people will say it's the small things that make the most difference. If we can have a bit of money available for that that, would be great. Whether we get it or not is another thing. See how it goes. (Cardiff support worker)

There was also a difference in views on the scalability of the approach. Certain workers felt that this was an approach that could unlock the barriers faced by many entrenched rough sleepers and those who have been difficult to accommodate.

*I think that this approach, even though it's small scale at this point, could potentially be used in mainstream housing option services in order to provide housing solutions for all walks of life, to be honest. **(Bridgend coordinator)***

Other workers felt that the IB would be best served as a small component in a broader toolkit. This conservative view was grounded in recognition of ensuring that the support worker dedicated to IB was able to devote as much time as was possible with clients in order to recognise the time investment required for success. For example, in Cardiff:

*I think with the resources we've got it would continue as it is, really. At the maximum level we could work with. We are still part of the overall Outreach service in Cardiff which does mean that we have people on shifts doing the early morning breakfast run. We've got other commitments. I would say we probably have capacity. **(Cardiff coordinator)***

Furthermore, having ready access to accommodation units, within which people could be placed, were seen as a major contributor to success in Cardiff by the coordinator and support worker.

8. Conclusions and recommendations

Conclusions

From a base of people who had had experience of entrenched rough sleeping, precarious housing and complex needs, the IB pilots were successful in ensuring more than 40 per cent of recipients were accommodated in stable accommodation within the two years of the project. A large number of other people were accommodated in some form of temporary accommodation. This represents the major success of the pilots.

A variety of non-accommodation related successes were also identified. Such successes included: a reduction in alcohol and substance mis-use, increasing self-esteem and self-confidence, an increase in trust and engagement with support services, more appropriate engagement with health and support services.

The pilots appear to demonstrate value for money. Less than half the allocated budget for the pilots was spent, which supported around 25 per cent more rough sleepers. Furthermore, workers cited potential significant savings to the public purse as a result of reduced levels of criminality and reactive health care in the majority of people affiliated to the pilots.

All areas saw value in the IB approach and there was a strong desire to replicate the approach within each area. Replication and expansion however was considered challenging without additional funding being made available.

The impact of the pilot on the lives of individuals can be conceptualised on a spectrum of outcomes. These include the following:

- Massive and dramatic change for a small cohort (e.g. from rough sleeping to living independently).
- Gradual and sustained change (e.g. more engagement and sustained change).
- Speed bumps (e.g. stints in prison, relapse at drinking but still engaged and making progress).

- Slight change (e.g. reduction in drinking and communicating more with staff).
- 'Supported' status quo (e.g. attention on safeguarding).
- No change (e.g. continuation of drinking, re-offending).

There was a general lack of awareness from IB recipients as to presence of the programme, the budget and the size of the resource they have recourse to. As such, this individual budget approach excludes many of the key factors intrinsic within the personalisation concept. Although this did not appear to present many practical challenges to the delivery of the pilots, it is not known how far the 'critical factors' of choice, control and power were mobilised within Wales.

Effective and comprehensive planning of the IB is fundamental to the success of the approach. In particular, a number of key elements in the planning and coordination of IB were seen as central in order for the approach to be effective. These are:

- The development of effective and meaningful partnership arrangements between organisations.
- Excellent communication between organisations and workers.
- Appropriate and flexible workload allocations for workers who will be required to undertake the IB work.
- Minimal bureaucratic procedures which will allow for immediate access to IB funds and/or quick reimbursement of expenditure.

Expenditure on the pilots was diverse. This expenditure was used for a range of purposes. The purchase of items can help to develop and maintain trust between client and worker, they can help individuals release structural barriers (e.g. housing debt, bonds etc.), they can help people gain access to practical things (e.g. cycle, phone, clothes etc.) and they can help support psychological release (e.g. family reunification, horse riding, fishing etc.). These

purposes are equally valid and can often be used with the same person incrementally. The progress of expenditure is as important as the item being purchased. This process helps shape trust between the worker/organisation and individual, and helps exercise the ability of people to self-direct their own lives.

Although the focus of the pilot is the availability of funds to enable flexible purchasing of items this cannot be separated from the role of the support worker in their care of IB recipients. The budget and support work role appears symbiotic in the delivery of IB and the reduction in the allowance one may impact on the effectiveness of the other.

The IB approach places significant demands upon the skills and professionalism of staff. Workers require patience and capacity in order to remain in contact with individuals in spite of speed bumps and crisis. Workers, and their organisation, need to be able to embed creativity into assertive outreach practice. Such creativity appeared to empower workers in becoming more effective professionals.

A large part of the successes of these pilots is down to the ability of support workers to balance responsiveness with proactive working. It is not clear how much of the success is due to the selection of the support workers chosen to work on the pilot. However, the selection of the support worker is crucial. It was seen that those workers most entrenched in their current practice, and who are less open to innovating in their work, would not necessarily have the same level of positive outcomes seen by other workers.

'Readiness' is a crucial factor in the ability of IB to achieve maximum benefits to individuals. Individuals who have arrived at a point in their lives where they are able and/or willing to progress and co-develop solutions appear to experience the maximum benefits of the approach. IB offers benefits for many people who can be supported through difficult periods in their lives, however, not all people will be ready to change their lives. For these individuals IB offers the possibility of providing these people with a 'stand-by'

button from where workers can react quickly when the right time and right place appears.

Recommendations

This pilot has demonstrated that an IB approach can be successful in supporting entrenched rough sleepers and people with complex needs into stable accommodation. All local authority areas, together with partners, should consider how they could implement this approach as part of their services.

The staff who are appointed as IB support workers require capacity within their workload to adapt to the flexible working the approach often demands.

Funding for the sustainability and expansion of this approach are key issues. Commissioners should undertake a cost-benefit analysis of the IB approach. Such an analysis should incorporate the savings made by reducing the contact time of different agencies in maintaining a cycle of precarious housing. The pilots have shown how costs relating to the police, criminal justice, housing, social services and emergency health care are likely to decrease. These impacts should be quantified and compared to the costs of implementing IB as part of a portfolio of services.

Funding may be made possible by incorporating the IB approach as part of a portfolio of tools to be used within a specific area into bids for funding under Supporting People. However, additional funding may be possible from other service areas including the police, health and public health budgets where the quantifiable benefits of IB are evidenced.

Reluctance to undertake IB and insubstantial planning was often grounded in a lack of awareness and unfamiliarity of the approach. A user-guide outlining how potential models for IB could work should be produced and made available to local authorities and organisations across Wales.

In order to understand the long-term success of the approach the IB recipients affiliated to the pilot should be re-consulted 12 months after the pilot completed – in or after April 2014.

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Appendix 1: Topic guide used in the interviews

Coordinator and support worker question guide

First interview focus: Understanding how each pilot works.

- When did your project start?
- What roles do staff members take? How was their role balanced with other roles they may take (were they allowed to spend as much time with them as required or was it time limited)? How many people work with each rough sleeper? Does one person act as a broker? Do you need to have another person sign it off? How long does it take until a decision is arrived at for approving the spending? What are the conditions and constraints of what they can spend on? Do you have a joint plan that the IB must fall into, i.e. working toward independent living?
- How did you decide the inclusion criteria for the pilot? Who is considered 'appropriate'? How many people were invited to take part? How many people accepted? Have any of those dropped out yet?
- How is money allocated? Is it the same for each person? Do they know they are in a pilot? Do they know how much they have to spend? How did you arrive at these decisions?
- Is there anything else you are doing differently from your normal services? i.e. in terms of providing a personal/individualised approach.
- How are you defining success?

Second and third interview focus: How are the pilots working?

- Views on how well it is working?
- How many people still taking part?
- Has anyone dropped out or new people included?
- Has there been any changes in practice?
- Have you been able to identify any good or bad practice?
- Do you have any suggestions for future practice?
- Has this pilot met your expectations?
- Has anything surprised you?
- Are there any barriers to an effective IB approach?
- Do you have any concerns about this approach?

Client question guide

First interview focus: Understanding their background, expectations and concerns around the approach.

- How long have you been rough sleeping/homeless? What were your circumstances prior to the beginning of the pilot?
- How did they become involved in the scheme?
- Was there anything about it that appealed to them?
- How long have you been in it? When did you start?
- Have they been encouraged to take up hostel accommodation before? Is there any reason why they have not accepted it?
- How does the pilot work, in their words? Is it different to help you have been offered before?
- What do you think you will spend the budget on and how will it meet your needs?

Second interview focus: Understanding how the pilot has worked, what the successes have been and what the shortcomings have been.

- Tell me about the last time that you requested something. What happened?
- How much money have you spent? What did you spend it on and why? Has this helped you move closer to independent accommodation?
- Where were you living before commencing the pilot? Where are you living now? What are your accommodation plans for the future?
- Since the beginning of the pilot have you accessed other services, e.g. welfare benefits, mental and physical health, education or training, addressed substance mis-use issues, addressed offending behaviour, got into contact with family or friends?
- Were there things you felt you couldn't ask for?
- Overall how would you describe how the Individual Budget approach has worked for you?



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